

247317

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-286-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

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TRANS DEPT

(Please type or print)

Submitted by: Jamie Sullivan

Telephone: 843-249-3365

Address: P.O. Box 3822

Fax: \_\_\_\_\_

N Myrtle Beach, SC  
29582

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate  | <input type="checkbox"/> Other: _____                                  |

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CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

**CLASS C AMENDMENT FORM**

**File the original with:**

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

**Mail or fax a copy to:**

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

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DATE: 10/18/13

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I have the following Certificate:

**TRANS DEPT**

☒ Class C Taxi # 8149    ☐ Class C Charter # \_\_\_\_\_    ☐ Class C Charter Bus # \_\_\_\_\_

☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: N. Myrtle Taxi LLC    DBA: \_\_\_\_\_  
(Current Name)    (Current DBA if applicable)

TO: Myrtle Taxi LLC    DBA: \_\_\_\_\_  
(New Name)    (New DBA if applicable)

☐ Scope of Authority  
From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Scope)    (New Scope)

☐ Passenger Limit  
From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Limit Number)    (New Limit Number)

Name & DBA if DBA is applicable)  
N. MYRTLE BEACH <sup>29582</sup>  
(City, State, Zip Code)  
843249 3365  
(Telephone Number)

PO Box 3822  
(Street and/or Mailing Address)  
James Sullivan  
(Signature)  
owner  
(Title) Owner, President, etc.

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MYRTLE TAXI LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 7th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

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Given under my Hand and the Great  
Seal of the State of South Carolina this  
1st day of October, 2013.

*Mark Hammond*  
Mark Hammond, Secretary of State